

Practitioner's Docket No. 1001.067c1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Czaplicki et al.

Application No.: 10/659,887

Group No.: 1712

Filed: 09/11/2003

Examiner: Christopher M. Keehan

For: PAINTABLE MATERIAL

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is other than a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
 Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

G with sufficient postage as first class mail.

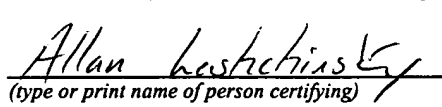
37 C.F.R. § 1.10*

G as "Express Mail Post Office to Addressee"

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TRANSMISSION

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 Signature
Date: 8/12/05

 (type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Fee: \$120.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA				
				RATE	ADDIT. FEE		
TOTAL	17	- 22	= 0	x \$ 50.00	=	\$	0.00
INDEP.	2	- 3	= 0	x \$ 200.00	=	\$	0.00
				+			
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				\$ 0.00	=	\$	0.00
				TOTAL			
				ADDIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$120.00.

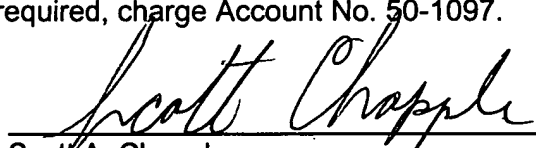
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

12 August 2005



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